



Planned Parenthood[®]
of Connecticut, Inc.

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On Raised Bill 6977: AAC Prevention Strategies for Diseases Caused by Human Papilloma Virus

Thank you for this opportunity to comment on legislation addressing the advent of important new vaccine to prevent human papilloma virus from causing cervical cancer in women. As you know, this vaccine is already on the market, recommended for use by young women, ages 9 to 26, who are or could be at future risk for HPV infection.

Planned Parenthood of Connecticut, whom I represent, is the largest provider of reproductive health in Connecticut. The majority of our 65,000 patients are ages 19 to 26. Most of them receive a Pap test annually to detect cervical cancer in its earliest stages. Many will want to access the new HPV vaccines in the next year or so.

From where we sit, the primary issue confronting our agency and its patients is the challenge of making the vaccine affordable and accessible to as many eligible young women as possible. Gardasil, the product being promoted by Merck & Co., is costly, even for providers to purchase. The cost to patients of the series of three shots could range from \$400 to \$600, depending upon the provider.

Raised Bill 6977 makes receiving a first HPV inoculation mandatory before a girl may enter the 6th grade of a public or non-public school. The bill does not provide funding for this coverage, nor does it address the fact that the full series of three inoculations is required for protection. While insurance carriers are beginning to cover the full series of shots, there will be those children who lack insurance, and those who, for any number of reasons, fail to be immunized by the 6th grade. We know that the state Vaccines for Children program may be an option for some children, but will that program be adequately funded to not only cover HPV vaccinations, but all of the other vaccines that Connecticut's low income and uninsured children may require? Before making this immunization mandatory, lawmakers should insure that funding resources are adequate to provide not only the first, but all three doses of the vaccine.

That said, making HPV vaccination mandatory for all 6th graders simply may not be the same public health imperative that inoculation against other highly communicable disease represents. Medically, we know that much HPV infection resolves itself and does not go on to become cancer. It "goes away on its own" and the patient may never know she was infected. Perhaps putting our attention to making certain that providers have access to the subsidized vaccine, and that low income children have coverage via the HUSKY plan (Parts A and B) and are encouraged rather than required to be vaccinated, we will address the need adequately and appropriately, without the need for a mandate.